

	<p>कोयला खान भविष्य निधि आयुक्त का कार्यालय (भारत सरकार, कोयला मंत्रालय का एक सांविधिक निकाय) OFFICE OF THE COMMISSIONER COAL MINES PROVIDENT FUND ORGANISATION (A STATUTORY ORGANIZATION UNDER MINISTRY OF COAL, GOVERNMENT OF INDIA) मुख्यालय, HEADQUARTERS *****</p>	<p>पुलिस लाईन, / POLICE LINE, धनबाद / DHANBAD पिन - 826014 / PIN-826014 (झारखण्ड) / (JHARKHAND) Phone No / फोन नं० 0326- 2202114 Fax No / फैक्स नं० 0326- 2202297</p>
---	---	---

No. CMPFO/CP/111(26)/Pen/Misc/HQ/Part/ 522

Dated: 15 September, 2022

To,

All Additional Commissioner/
Regional Commissioner-I&II/
Assistant Commissioner/AC-I(I/c)
All of ROs of CMPFO.

Sub: Submission of Undertaking for payment of family pension as per revised PPO in SUNIDHI-regarding.

Sir,

With reference to subject and references cited above, I am to inform that the matter was discussed in the 176th BoT-CMPFO Meeting and it was decided to make the revised PPO operational. Accordingly, the revised PPO has now been introduced in CMPFO portal SUNIDHI to ease the settlement process of family pension on death of a CMPF pensioner.

2. Further, an undertaking is mandatory from CMPS, 1998 members whose claims are being submitted on superannuation/exit form service. Format of Undertaking is enclosed herewith.

3. It is requested to take necessary action for the needful.

Encl: As above

Yours faithfully,


(V K Mishra)
Commissioner

Copy to:

The Director (Per), All coal Companies of CIL/
SCCL/TISCO/IISCO/DVC/Coal Blocks for information and necessary action.

Encl: As above.


(V K Mishra)
Commissioner

Undertaking by the pensioners

To

Dear Sir

Payment of pension under Coal Mines Pension Scheme 1998 undertaking

1. In consideration of your having, at my request agreed to make payment of pension due to every month by credit to my saving bank account number..... in the Bank Branch.....code (address of the bank. I the undersigned agree and undertake to refund or make good my account to which I am entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself found my heirs, successors executors and administrators to indemnify the authorised officer from and against any loss suffered or incurred by the scheme and to forthwith pay the same to the authorised office and also irrevocable authorised the authorised Officer to recover the amount due to debit my said account or any other deposits belonging to me in the possession of the said bank.

Yours faithfully

Signature and Date

CMPF No

Address

1) Witness

Signature

Name

Address

2) Witness

Signature

Name

Address